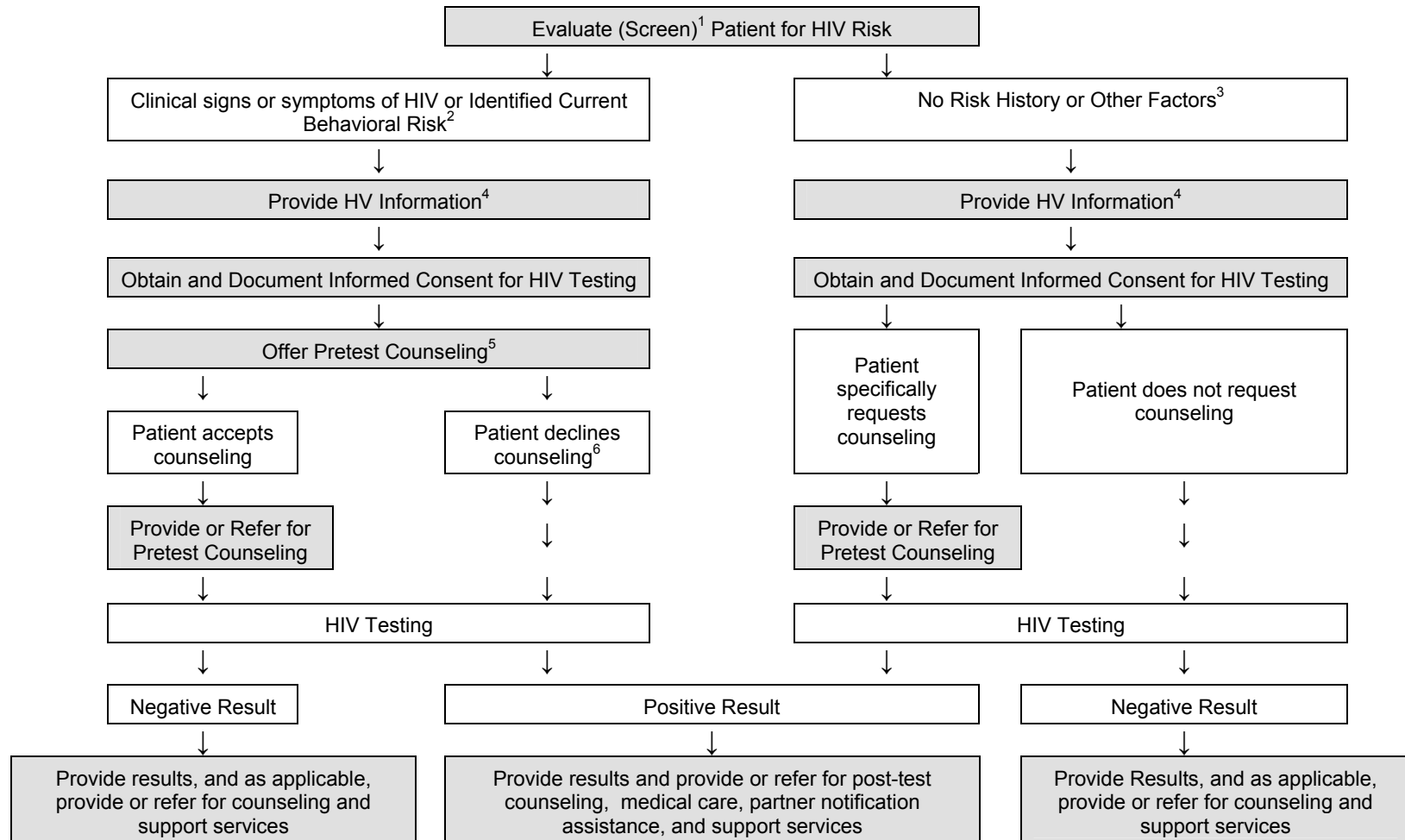


Risk Screening, Testing, and Counseling for HIV in the Clinical Setting



1. The evaluation of behavioral risk factors can be based on a self-administered risk assessment conducted by the patient.
2. Behavioral Risk, as defined by the Federal Centers for Disease Control (CDC), includes sexual or needle-sharing exposure to an HIV-infected person, men who have sex with men, unprotected sexual intercourse with multiple partners in the past year, injection drug use, sexual partner of an injection drug user, diagnosis with another STD, a woman having unprotected sexual intercourse with a bisexual man, etc.
3. Other factors can include acute occupational exposure, pregnancy (due to the efficacy of treatment to prevent vertical transmission), etc.
4. Information may be provided verbally or in writing and must include, at minimum, the following: benefits of learning HIV status; the dangers of HIV; how HIV is transmitted and can be prevented; the meaning of HIV test results and the importance of obtaining test results; and, as appropriate, the availability of anonymous HIV testing. A person who has been previously tested may decline receipt of information.
5. The extent of counseling is influenced by the practice setting, the provider/patient relationship, the patient's interest in behavior change and other factors. Referral for counseling to other community providers is permitted, including when the provider lacks counseling skills or time. Required prevention counseling must be based on an assessment of the individual patient's risk; should help the client set realistic behavior change goals that would reduce the risk of transmitting or acquiring HIV; and should create opportunities to build appropriate risk reduction skills.
6. An individual's decision to refuse pretest counseling is not grounds for denying HIV testing.